



Department of Motor Vehicle Safety

Driver Services Division

Attn: MVR Unit P.O. Box 80447 Conyers, Georgia 30013 (404) 657-9300

Request for Motor Vehicle Record

Requestor Information

Requestor Name	Firm Name
Street Address	City, State Zip Code

Please provide a motor vehicle record (MVR) for the following driver:

Full Name (First Middle Maiden Last)	Date of Birth:	License Number:
Street Address	City, State Zip Code	

Please select either:

☐ **Three (3) Year Record (\$5.00)** - This request is for a record covering the preceding three (3) years. I have enclosed the **required fee of \$5.00** with this application.

☐ **Seven (7) Year Record (\$7.00)** - This request is for a record covering the preceding seven (7) years. I have enclosed the **required fee of \$7.00** with this application.

For mail-in requests, include a self-addressed, stamped business size envelope.

Notice – You must certify below that the purpose for this record request is either for **insurance underwriting** or for one of the other stated purposes.

Insurance Underwriting Use Certification

☐ This record is for insurance underwriting purposes. I certify that the requested driver record is to be used for the underwriting of insurance and will be used for no other purposes. I further certify that there is on file with this company an application for insurance.

Requestor's Signature

Date

Credit, Employment, or Other Use Certification

This record is requested for the following purpose(s)? ☐ Credit - ☐ Employment - ☐ Other Purpose

In accordance with OCGA §40-5-2, I do hereby authorize the requestor named above to procure a copy of my driver's license history.

Licensee Signature (Must be notarized)	Date	Notary Signature and Seal Here
Requestor Signature	Date	

Before mailing this request be sure you have included the appropriate fee and a self-addressed, stamped business size envelope.
MAIL CASHIER'S CHECK OR MONEY ORDER, NO PERSONAL CHECKS ACCEPTED.